

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050981

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12912

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 16 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Homer G Phillips

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS (If outside, give location)

5888 Cabannee

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Aidie

Middle

Last
Cahill

4. DATE
OF
DEATH

Month
Dec

Day
25

Year
1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/24/1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

Greene, See

13b. MOTHER'S MAIDEN NAME

Hatty

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

No No

17. INFORMANT

Josephine Baker 5888 Cabannee

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Influenza and Dehydration

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

481x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

8:30 A

to, and last saw her
him alive on
m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helene L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

12-27-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Dec 31 1963

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis

County

Mo.

24. GENERAL DIRECTOR

ADDRESS

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

DEC 27 1963

26. REGISTRAR'S SIGNATURE

Lois South H.O.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Oliver Crombie

Licensed Embalmer No. 5185

P. O. Address 1221 W Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.